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AUTHOR Bruner, Charles; Carter, Judy Langford
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ABSTRACT

In recent years, government has recognized that programs like Head Start are cost-effective investments that improve the school readiness of disadvantaged children. Over the last decade, states have been leaders in supporting services to infants and toddlers and their families. Examples of such initiatives include Hawaii's Healthy Start program, Iowa's family development grant program, Maryland's family support centers, Minnesota's Early Childhood Family Education program, Missouri's Parents as First Teachers, and Illinois's Ounce of Prevention Fund. While these programs have different approaches and emphases, they share a number of common features. Among these are capacity-building and partnership orientations toward the family, efforts to connect families with community resources, persistent outreach to hard-to-reach families, attention to developing and sustaining skilled frontline personnel to work with families, flexible administrative structures to support these workers, and provision of support that crosses disciplinary and categorical boundaries. Successful programs are adaptive and respond to a variety of family needs. In designing legislation to support services for families with young children, legislators should focus on local community ownership, the role of the frontline worker, outreach to families, linkage to community resources, flexibility in program development and administration and in level of service, incentives for cross-system collaboration, and the use of funding streams and sources of support. A description of federal funding streams that help finance services for families with young children, additional sources of information, a 24-item annotated bibliography, and a list of program contacts are appended. (AC)

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# network briefs

A PUBLICATION OF THE NCSL WOMEN'S NETWORK, AFFILIATED WITH THE NATIONAL CONFERENCE OF STATE LEGISLATURES

## "Family Support and Education: A Holistic Approach to School Readiness"

November 1991

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# FAMILY SUPPORT AND EDUCATION:

# A HOLISTIC APPROACH TO SCHOOL READINESS

by: Charles Bruner and Judy Langford Carter

November, 1991

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The Women's NETWORK is a non-profit member organization affiliated with the National Conference of State Legislatures. NETWORK's goals are threefold: to increase and strengthen women's leadership within NCSL; to increase and strengthen women's leadership within state legislatures; and to elevate issues of special concern to women through research, educational programming and sharing of policy options.

In the 1980s "A Nation At Risk" became the catalyst for discussion and debate over the "best" way to strengthen America's educational system. However, as SAT scores continue to decline in spite of greatly increased state-level spending on K-12 education, state and national policymakers have turned their attention to the family's influence on their children's learning. The first National Goal in America 2000 is all children in America will start school ready to learn.

Education does not exist solely within the school. A child's education begins at birth; parents are the earliest teachers and are vital to their children's entire educational process. Research has shown that the way a child grows and learns during the early years of life can have an enormous impact on his or her later development and school success.

The theme "Entering School Ready to Learn" is completely within the traditional interests of women legislators. The policies involved in meeting this first of the National Education Goals reflect the holistic approach women bring to public policy development. The brief is intended to present easily accessed information on states' initial success and components of intentional policy including financing. We hope that this resource will benefit all policymakers.

NETWORK is grateful to the Ford Foundation for enabling this publication; to William Pound, NCSL Executive Director, for his support; and to authors Dr. Charles Bruner and Ms. Judy Langford Carter.

Copies of this publication are available free of charge to legislators and their staffs by calling the NCSL Marketing Department at 303/830-2200.

Jo Ann Pottorff, Chairperson
NCSL Women's NETWORK

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*Effective programs recognize that even if child development and school readiness is the primary goal, this goal cannot be achieved in the absence of support for and engagement of the family as a whole. Effective programs have learned that working with very young children, whether it is to improve child health or educational development, requires that programs meet the needs of parents as well.*

## Executive Summary

In recent years, government has taken an increasing interest in families with very young children. Since the 1960's, there has been a substantial increase in the number of federally- and state- financed pre-school programs for three- and four- year olds and the development of a bipartisan consensus that programs like Head Start are cost-effective investments by government that improve the school-readiness of disadvantaged children. Attention is now being focused upon families with infants and toddlers.

Over the last decade, states have been leaders in financing and supporting services to these very young children and their families. These services, generally described as "family support and education" programs, have originated from the fields of education, public health, public welfare and human services, and child abuse prevention. Illustrations of such initiatives -- Hawaii's Healthy Start program, Iowa's family development grant program, Maryland's Family Support Centers, Minnesota's Early Childhood Family Education program, Missouri's Parents as First Teachers, and Illinois' Ounce of Prevention Fund -- while incorporating very different approaches and foci, also share a number of common features. Each has a primary goal of responding to the needs of the families they serve while supporting child development in the process.

Among these common features are a capacity-building and partnering orientation toward the family, an effort to connect families with community institutions and resources, persistent outreach efforts to hard-to-reach families, strong attention to developing and sustaining skilled frontline family workers to work with families, a flexible administrative structure to support those workers, and an ability to provide supports that cross disciplinary and categorical boundaries. Successful programs have found the need to be adaptive and multi-purposed in their orientation, as they must effectively respond to a wide variety of family needs.

Creating such programs presents a substantial challenge to legislators, as top-down direction and guidance regarding program mission must be coupled with bottom-up program administrative flexibility. Rather than presenting model legislation (which would be difficult given the variety of program models), a set of key points for legislators to keep in mind in designing services is provided. An appendix offers a discussion of federal funding streams potentially available to help finance new family support and education services and an annotated bibliography and list of organizational contacts also are provided.

## FAMILY SUPPORT AND EDUCATION:

## A HOLISTIC APPROACH TO SCHOOL READINESS

*Jane is a poor Hawaiian woman in her early thirties who lives in a community where the disparities between rich and poor are extreme. When the Healthy Start program first came into contact with Jane, she had just given birth to twins, leaving Jane with four children under the age of three. Since she had no phone, Healthy Start home visitor Evelyn went to Jane's home to meet Jane, an introduction that took three months to complete.*

*Each week for twelve weeks, Evelyn stood outside Jane's door hoping to speak to her. While Evelyn waited patiently, a typical scene would ensue: Jane and her partner could be heard shouting and yelling, the older children sobbing, and the twin babies screaming, looking for attention amidst the confusion. When the older children stared out the window at Evelyn, the fighting seemed to escalate. Evelyn worried what to do, but stuck with a gut feeling that if she persisted with the family she could make contact.*

*When Jane finally did let Evelyn in the home, Evelyn learned something that surprised her about her earlier visits. Jane told her that although she was too afraid to let this strange woman into her commotion-filled home, she also felt soothed by Evelyn's presence.*

*This was the start of trust-building between Evelyn and Jane that was necessary to begin work on Jane's many needs. Jane's family had no medical home and no concept of what well-care meant. Evelyn soon discovered that Jane had used the drug "ice" (methamphetamine) while pregnant with her first two children and that extended family members sold the drug on the streets. Two months after giving birth to the twins, Jane was pregnant with a fifth child. In another ten months, she would become pregnant again.*

*Over a period of months, Evelyn and Jane set some initial goals for their work together: finding an acceptable means of birth control, developing an understanding and commitment to well-care for her children, finding programs to help her become drug-free, and establishing a stable home.*

*In three years of work and weekly visits with Jane, Evelyn feels that the family has made important headway. The older children have been enrolled in*

*kindergarten and Head Start respectively; the twins have started in a special program for children with developmental delays; and the newest baby has received consistent medical care since birth and shows no signs of delay. Most importantly, Jane's approach to her children's health and development has changed. No longer are emergencies the only time her children come into contact with a doctor. All six of her children receive regular health check-ups from a local physician. Jane actively seeks out programs and activities for them as well. Instead of sending her children to school alone, Jane now walks them there and even volunteers at her son's Head Start program.*

*Jane's attitude toward Evelyn has transformed as well. Jane calls Evelyn every other day from a pay phone and talks openly about her daily problems. Although Jane's situation isn't altogether rosy-- she has recently lost her housing and lives in a hut on the beach-- Jane and Evelyn continue to work at the problem one step at a time. Jane thinks differently now about what she can do to help her children get off to the right start.*

## I. Introduction: The Rationale for Family Support and Education Programs

This family has been served by Hawaii's Healthy Start program, one of a growing number of state programs established and financed by state legislation, designed to help parents with newborns in their parenting and in their child's health and development. While exhibiting a wide variety of forms, these programs are prevention-oriented initiatives focusing upon families with young children, often starting during the prenatal period and extending services and support to parents until the children reach school age.

Because they are concerned with both child development and family functioning and recognize their interdependence, they have broadly been characterized as "family support and education" programs.[1] Their *two-generational approach* has distinguished them from more traditional "parent education" programs which confine themselves to conveying information only upon issues related to parent-child interaction.

This distinction is a very important one. In Jane's case, the Healthy Start program was successful in dramatically improving the school prospects for all Jane's young children, yet many of the program activities and efforts actually focused upon Jane's needs-- for birth control, for substance abuse treatment, and for gaining greater control over her own life. It was only after the program gained Jane's trust and helped Jane meet some of her own needs that Jane began to eagerly focus her attention and effort on her children's health and development needs. While most of the families these programs serve do not have as many needs as Jane's family did, at some time they all must deal with families very similar to Jane's. Further, they generally find that their greatest gains are made with these most fragile, "at-risk" families.

In whatever program form they take, these family support and education programs must respond in creative and flexible ways to improve the life prospects for children like Jane's, and they must do this by working with parents like Jane, who themselves need support.

Hawaii's Healthy Start program and other family support and education programs are built around several key premises, which have been described as follows:

- All families need help at some time in their lives, but not all families need the same kind of support,

- A child's development is dependent upon the strength of the parent/child relationship, as well as the stability of the relationship among the adults who care for and are responsible for the child,

- Most parents want to and are able to help their children grow into healthy, capable adults,

- Parents do not have fixed capacities and needs; like their children, they are developing and changing and need support through difficult, transition phases of life,

- Parents are likely to become better parents if they feel competent in other important areas of their lives, such as jobs, in school, and in their other family and social relationships, and

- Families are influenced by the cultural values and societal pressures in their communities.[2]

Moreover, developing programs based upon these premises is seen as especially important for families with very young children, since the first years of a child's life are critical to the child's development throughout life and also the time at which families are likely to experience the greatest physical stresses and strains from parenting. Children who fail to receive support during the first three years of life are likely to have extreme difficulty establishing relationships later in life, advancing educationally, and eventually becoming nurturing parents to their own children.

This stressful time in any parent's life should be a cause for joy and an opportunity for personal growth, but without adequate supports, parents also can simply feel overwhelmed and unable to cope. This welcome emphasis upon the very early years in a child's life has now come to national prominence and attention as well.

## II. Governmental Interest in Programs for Pre-School Children

Nationally, there has been a growing recognition that it is in government's interest to support families with young children. When Head Start was established in 1962, there was no consensus that government had a role to play in children's development (except in cases of serious abuse or neglect or to save the child's life) before children entered the public school system. Government activity was largely viewed as intruding upon family life and the parents' responsibility to provide for their children.

Three decades later, however, with the successes shown by Head Start and other pre-school programs as well as the dramatic increase of women in the workforce and the attendant explosion in the demand for quality child care for pre-school children, government has assumed increasing responsibilities with respect to pre-school children (children aged three and four) in particular. Head Start no longer is viewed as a questionable government program. There now is strong bipartisan consensus that government should make investments in programs that serve pre-school children, particularly those programs targeted to "at risk" children.

A major reason for this consensus is that these pre-school programs work, not only in helping the children and families served but also in helping the public sector's bottom line. One famous study, conducted by the High Scope Research Foundation on the Perry Pre-School Project, showed that high quality pre-school programs for disadvantaged three- and four- year olds are extremely cost-effective investments. When the long-term results were tracked for children in those programs, researchers

concluded that for every dollar spent on the pre-school program, four dollars was "saved" in avoided welfare, special education, and juvenile justice costs.[3] The Perry Pre-School Project, it should be noted, included home visits and actively involved parents and concluded that this involvement was a key component of program success.

In establishing national education goals at the "Educational Summit" in 1989, the Governors and the President agreed that the first educational goal for the country should be that "all students start school ready to learn" and that policies be developed to assure that this occurs, including the universalization of Head Start.

Further, this first educational goal is described as involving more than the provision of quality pre-school experiences for three- and four- year-olds. It also involves a broad range of health services for children from conception through the time they enter the public school system, and training and support for parents in meeting children's developmental needs.[4] If students are to start school ready to benefit from the school experience, three- and four-year olds must be on normal development tracks. An enormous amount of learning has already taken place in the first days, months, and years of life.

While the High Scope study and other studies have shown the dramatic gains to disadvantaged three- and four- year olds from participating in high quality pre-school programs, these studies also show that these programs have not removed all the risks for these children. Even those children who attended the Perry Pre-School Project remained twice as likely as their age cohort to drop out of school, require special education services, and have juvenile problems.[5] Particularly for disadvantaged or at-risk

children, it is likely that family support and education programs are needed in the very early years to assure that all children can start school "ready to learn."

While support for pre-school programs like Head Start is bipartisan and strong, consensus does not yet exist on the role of government in financing programs for all families with infants and toddlers. In many respects, these programs are in the same situation that Head Start found itself two decades ago. Still, while consensus does not yet exist, there have been significant innovations within state governments to develop initiatives both to serve the general population of new parents and to serve specific fragile or "at-risk" families; and interest in developing effective programs is growing.

## III. State-Sponsored Programs for Families with Very Young Children

During the last decade, state governments have been leaders in financing initiatives to support families with even younger children than those served by Head Start and other pre-school programs. Typically, these family support and education initiatives have started as demonstration projects, usually at the instigation of several key program advocates and legislative and executive branch supporters, and expanded as they have demonstrated success and developed broader political support.

Such initiatives have developed out of a variety of disciplines and have been supported in different agencies of government. Hawaii's Healthy Start program initially was a child abuse prevention initiative variously housed within the department of public health or the department of mental health, and currently a part of the state's maternal and child health program within public health. Iowa's family development grant program originated as a welfare reform initiative and is largely operated through community action and child welfare agencies. Maryland's family support centers are financed through an "intermediary" with no departmental affiliation, although they originated as a human services program. Missouri's Parents as Teachers originates from the education system. Minnesota's Early Childhood Family Education (ECFE) program comes from the community education section of the education system. Illinois' Ounce of Prevention Fund is a public-private partnership with a private charitable organization receiving funding from several state departments to operate local programs throughout the state.

The programs cited above (and described in more detail below) represent diverse approaches to serving very young

children and their families. They also have significant features in common. Regardless of their initial impetus, they all have found that, ultimately, they must engage and support all families they serve, who come with a wide range of needs and strengths into the programs that demand individualized response.

Three researchers who have examined many such programs have sought to describe the common elements that exist in successful and effective initiatives, and their descriptions are worth noting here.

Weiss and Jacobs, after reviewing a variety of individual programs that have proved effective in serving families and aiding child development, describe the characteristics of state-of-the-art approaches in such initiatives as follows:

- *an ecological approach* that views individuals as members of families and communities, and promotes human development by strengthening the family and the community;
- *a community-based approach* that requires sensitivity to community, neighborhood, ethnic, and cultural interests, and seeks to transfer as much policy- and decision-making authority as possible to these levels;
- *a multidisciplinary approach* that supplies information, emotional and appraisal support and instrumental assistance;
- *a preventive approach* that seeks to avoid child and family dysfunctions;
- *a multilateral approach* to service that involves peers, informal networks, volunteers, and paraprofessionals, as well as professionals; and
- *an interdependent approach* that attempts to create a strong linkage between families and their communities while respecting the family's roles and prerogatives.[6]

Lisbeth Schorr, in her detailed examinations of exemplary

initiatives that have proved effective in helping young children, identifies the following as attributes required for success:

- Successful programs are comprehensive, flexible, and responsive;
- Successful programs deal with the child as an individual and as part of a family, and with the family as part of a neighborhood and a community;
- Staff in successful programs have the time, training, skills, and institutional support necessary to create an accepting environment and to build relationships of trust and respect with children and families;
- Programs that are successful with the most disadvantaged populations persevere in their efforts to reach the hardest-to-reach and tailor their services to respond to the distinctive needs of those at greatest risk;
- Successful programs are well managed, usually by highly competent, energetic, committed and responsible individuals with clearly identifiable skills and attitudes; and
- Successful programs have common theoretical foundations that undergird their client-centered and preventive orientation.[7]

Both of these lists emphasize the need for *family-centered, flexible, community-based, and comprehensive approaches* to working with families that extend beyond simple professional mastery of subject matter. *They also recognize that even if child development and school readiness is the primary goal for a program, this goal cannot be achieved in the absence of support for and engagement of the family as a whole. Each of the state programs described below also has learned that working with very young children, whether it is to improve child health or educational development, requires that programs meet the needs of parents as well.*

The following are brief descriptions of the earlier cited

programs undertaken by states to serve families with very young children. These by no means represent all such initiatives[8] but are presented to show both the variety of approaches that have been employed by states and to indicate some of the most ambitious efforts that have been made to date. Each, though coming from a different initial perspective, has come to embody the characteristics and attributes described by Weiss, Jacobs, and Schorr.

Hawaii's Healthy Start Program. Hawaii's Healthy Start program began as a federal demonstration child abuse prevention initiative in 1974, providing home visiting services by paraprofessionals to families of newborns who, through a family stress interview in the hospital, were determined to be under stress and whose infants were therefore at-risk of child abuse or neglect. Evaluation of the demonstration showed that the program was both capable of identifying at-risk families and preventing abuse or neglect from occurring in those families.

The program's developers, Dr. Cal Sia and Gail Breakey, worked with Senator Mamoru Yamasaki to obtain state funding in 1984, which, under the legislature's leadership, has grown from $ 400,000 in state funds at that time to $ 3,500,000 in annual funding today. The Hawaii Healthy Start program currently screens approximately sixty percent of all parents of newborns in Hāwaii and offers home visiting services to the fifteen percent of families determined to be under stress and at-risk of child abuse or neglect.

Home visitors, operating out of offices that also serve as resource centers for the parents and children, conduct "creative outreach" to engage families in the program. Staff visit program participants in their homes on a weekly basis initially, as well as being on-call for emergencies on a twenty-four hour a day

basis. The basic goals of the Healthy Start home visiting program are: (1) to identify all families of at-risk infants within a target area; (2) to prevent abuse and neglect among high risk infants from birth to age five; (3) to promote positive child development among children in the program; and (4) to link every family to a medical home, proper developmental services, and other community resources.

Through its work with families, the Healthy Start program has found that it must address a wide array of issues. Obtaining safe and decent housing is frequently the family's initial most pressing need; and often the home visitor will have to deal with abusive adult relationships. Substance abusing parents also are frequently encountered. Finally, many of the families served simply are socially as well as economically isolated, and the parents' needs for community connections also prove to be important for the child's well-being.

By 1995, the Healthy Start program expects to expand to be a universal screening program of all families with newborns and to offer services to all high-risk families, making it the most inclusive program serving at-risk infants and toddlers and their families in the country.

Iowa's Family Development Grant Program. Recognizing that women bring more than employment needs into the welfare office, the Iowa General Assembly, through its joint appropriations subcommittee on human services, established the family development grant program in 1988, with services targeted to families at risk of long-term welfare dependency or family instability leading to child abuse and foster care. The goal of the welfare reform initiative is to link welfare-to-work efforts with family support and education principles. Three of the ten grant programs deal primarily with adolescent mothers of infants

and toddlers.

Through family development specialists meeting with families in their homes, the program works with families in goal setting that relates not only to the family's efforts toward economic self-sufficiency but also toward improved family functioning and enhanced child development. In over half of all families served, serious parent-child issues have arisen. Family development workers have provided parenting skills and child development classes and support groups, helped obtain pediatric services, identified developmental delays and worked on those delays, and helped enroll older children in Head Start or other quality pre-school programs. As one family development specialist described it:

> You don't know what to expect when you knock on the door, but you have to be ready for anything. The real reward for this work is seeing a family develop, with the head of household having real long-term goals that include her becoming more self-sufficient and the children receiving more developmental support and experiencing new things.

The family development program, through its close work with single parent mothers, has found that most mothers on public assistance place "breadwinning" goals well below "caregiving" goals and first seek supports that can help them raise their children. As Representative Mark Haverland, one of the program's proponents, describes it, "Many of the children least likely to enter school 'ready to learn' already are known to the state through their family's participation in AFDC. The family development program is an opportunity to combine welfare reform with school readiness for these families."

Maryland's Family Support Centers. In dubious distinction, Baltimore, Maryland, boasted the country's highest teenage

pregnancy rate in 1985. Teenage pregnancy was high throughout Maryland, and therefore of particular concern both to policymakers and the public. The development of family support centers -- community-based, drop-in centers that focus on teenage parents and other young families and their children -- was the state's response to this concern. Maryland's Department of Human Resources worked with private foundations, community groups, and advocates for children to design family support centers as a new type of resource that could assist young parents with educational, vocational, health, and social needs, at the same time that parents were developing better parenting skills.

Four family support centers were created in 1986, each with its own distinct community focus but each also adhering to a philosophy of family support and education and providing a core set of defined services. These core services include the development of parenting skills, peer support programs, child diagnostic and assessment services, well-baby medical visits, drop-in child care, general counseling to assist parents in goal setting, GED programs, and appropriate referrals for other services or concerns.

While not initiating the centers, the Maryland legislature has taken an active interest in the centers' initial development and has played a significant role in center expansion. Friends of the Family, a public-private intermediary organization established to provide policy direction, set standards for, and provide technical assistance and monitoring for the separate centers, has worked to cultivate this legislative support and to inform legislators of family support center activities.

Legislators have been brought into the process through participation in individual Center planning activities as well as through the Friends of the Family contacts. Initial evaluation

data suggesting Center clients were more likely to avoid subsequent pregnancies and more likely to stay in school provided legislators with a rationale for the continuation and expansion of state financial support. In Maryland, where the State Constitution prohibits the General Assembly from increasing the Governor's budget recommendation, legislators successfully have petitioned the Governor to increase his budget requests for the family support center programs.

Delegate Nancy Kopp, who has taken a leadership position in this effort, considers the centers among the most popular and worthwhile of state-financed human service programs: "We clearly see in them a more effective way of strengthening families and warding off problems before serious breakdowns begin."

Minnesota's Early Childhood Family Education Program. State-sponsored parent education and family support programs essentially began in Minnesota in 1974, under the leadership of State Senator Jerome Hughes. That year, Hughes successfully guided authorizing legislation through the Minnesota legislature to establish six pilot Early Childhood Family Education (ECFE) programs. Hughes' professional background in community education and his knowledge of the child development research literature made him an effective educator of his colleagues on the potential values of state-supported early childhood family education.

The initial enabling legislation for ECFE provided for diversity in program development and local program ownership while maintaining clear parameters for program goals and purposes. Based on two premises -- first, that all parents have strengths and want to do what is best for their children; and second, that the early years of life are a critical developmental and educational stage in the total life cycle -- the pilot programs proved very successful. In 1983, with the continued

legislative advocacy and direction of Hughes, the program moved from a grant funding basis to become part of a state aid/local levy funding formula similar to that for public schools. Local districts were encouraged to establish ECFE programs and receive state aid as well as local property tax support.

The program has proved so popular that currently all but two of Minnesota's school districts administer ECFE programs. Although programs vary across the state in their emphases, the Minnesota statute requires involvement of the children's parents in the programs and most programs include frequent meetings that parents and their children attend together. At these meetings, parents both join with their children in developmental activities and separate from them to discuss parenting issues while children participate in other activities. Participation is voluntary and available to all parents and preschool children, although reasonable fees may be charged for those able to pay.

Promoters of the ECFE program consider its location within the educational system and its availability to all families as essential to gaining broad-based community support and to avoiding any suggestions or stigma that the program provides remediation to parents otherwise incapable of educating their children on their own. Participating parents constitute a strong and recognized local and statewide political base for the program.

Missouri's Parents as Teachers Program. Missouri's Parents as Teachers (PAT) program, first established on a pilot basis in 1981 in four school districts, is now one of the best known state-funded initiatives to provide family support and education services to parents with infants and toddlers.

The PAT program begins working with parents as soon as possible during pregnancy and offers parents such services as assistance in fostering the child's language, cognitive, social, and motor development; periodic screening of the child's hearing, visual, motor, and language development; monthly private home visits by trained parent educators; and monthly group meetings held at "Parent Resource Centers" for parents with similarly aged children.

Initially, gubernatorial leadership, the Department of Education, and various gubernatorial committees and conferences laid the groundwork for PAT. The four pilot programs were established without a specific legislative appropriation or authorization. Instead, a combination of Chapter II funds, Danforth Foundation support, and local school district funds were used. Program advocates, however, continued to press for legislative support for the program, which led to enactment in 1984 of the Early Childhood Development Act to provide a state financing mechanism for the PAT programs.

Fearing that pilot funding would overlook rural schools, a group of rural legislators successfully amended the 1984 legislation to make the PAT services mandatory in all school districts and thus statewide in scope. Since that time, actual funding for PAT has increased dramatically, from $2.8 million in state funds to serve ten percent of the eligible PAT families in 1985, to $11.4 million to serve 30 percent of the eligible PAT families in 1988.

The program's universality and emphasis upon "prevention," Missouri's national recognition as a leader in this area, and the strong core of support from parent participants in the program all have helped build the legislative constituency to continue PAT program expansion. Missouri legislators point with pride to

the PAT program as an example of successful and model state legislation.

Illinois's Ounce of Prevention Fund. The Ounce of Prevention Fund is incorporated as a nonprofit, 501(c)3 organization. It is a public/private partnership created to use both public and private funds in designing, operating, and evaluating innovative, prevention-oriented family support services. Original grants of $ 400,000 each from the Pittway Charitable Foundation and the Illinois Department of Children and Family Services (DCFS) in 1983 were used to start six demonstration sites to provide a variety of new supportive services to families through community-based agencies.

In contrast to the traditional "treatment" services offered to families only after they had experienced problems serious to come to the attention of DCFS, these holistic preventive services were designed to strengthen the capacities of at-risk families and head-off problems before they started. The core services in these prevention programs include: adequate medical care for parent and child, including developmental screenings; child development classes and parental skill-building; peer support groups and other center-based activities; home visiting to support the parent and child in a variety of ways; and support for obtaining educational and job opportunities for both parents and children.

Building upon its early successes, the Ounce of Prevention Fund has grown dramatically. Currently, Ounce of Prevention funds and monitors projects at forty-two community-based agencies throughout the state of Illinois which include thirty programs for teen parents, twenty-two primary prevention programs for young teens, three school-based medical clinics, four Head Start centers, and a comprehensive child development center in a public

housing project.

Participation in the programs is voluntary. Whole families, including fathers of babies, are involved to the maximum extent possible. Outreach is made at the earliest possible point, and program services are backed up by strong linkages to schools, health departments, and private resources in each community. While each program differs in response to the unique needs of the community it serves, all programs stress the need to establish a trusting partnership between staff and participants.

Evaluation has played a major role in the Ounce of Prevention Fund's continued support. Evaluations have determined that teen mother participants are more likely to stay in school, be employed at an appropriate time, have normal birthweight babies, and delay subsequent pregnancies. All these have had strong positive effects on the development of the mother's children, as well.

While not initiated by the state legislature, the Ounce of Prevention fund has received substantial legislative support and expanded state funding support, primarily through grants from the Department of Children and Family Services. The availability of private funds to help support the training, program development, and evaluation aspects of the program have meant that state funding can be devoted to actual program grants.

In addition to DCFS, other state agencies -- Public Health, Public Aid, Alcohol and Substance Abuse, and the State Board of Education -- also provide funding for Ounce of Prevention Fund programs. From its beginning support of $ 400,000 in state and $ 400,000 in foundation funding, the Ounce of Prevention Fund has grown to a $ 12 million budget in 1991, with $ 7 million in state funds and the remainder in private funding and federal funding

for Head Start services. The public/private partnership has helped Ounce of Prevention programs develop their strong ties within the communities they serve.

## IV. Elements of Success in State-Sponsored Initiatives

On the surface, the programs described in the last section may appear to be very different and to have little in common with one another, other than each has proved to be effective in serving families with very young children. Yet, particularly in the manner in which they relate to families and young children, the programs share a number of key characteristics.

The common denominator for these programs is that they must all serve the same types of families, families which present a variety of needs, strengths, and problems. If programs coming from such different disciplinary roots (health, child welfare, welfare reform, and education) and having such different initial primary goals (child abuse prevention, child health, family economic self-sufficiency, and child educational development) must incorporate the same features to be effective, this suggests that these features -- and not the disciplinary focus or initial purpose -- are what are critical to program success.

Both Weiss and Jacobs' and Schorr's descriptions of key program attributes were provided in the previous section and represent a good enumeration of these program features. *Programs must be family-centered, flexible, community-based, and comprehensive and extend beyond simple professional mastery of subject matter in relating with the families being served.* From the perspective of moving from program attribute to program practice in this regard, however, four points deserve special emphasis.

First, the orientation of the frontline family worker -- that person who meets regularly with the family and provides

guidance -- is absolutely critical to program success. This work involves engagement of the family in a constructive partnership and extends well beyond what most people refer to as "case management." While it includes assessment and referral to professional services when necessary, the relationship also involves partnering, modelling, client advocacy, and confrontation.

Frontline family workers, whether they are professionals or para-professionals, must be very skilled in this work of "creative problem-solving" and "capacity-building" with families. The greatest discretion exercised in these programs is that exercised by the frontline worker. Strong guidance and supervision, based upon professional experience and wisdom, is needed to assure that this discretion is used effectively and not arbitrarily.

The exemplary programs described in the previous section all have given great attention to developing strong recruitment, selection, and training procedures for their frontline staff and for staff supervisors.[9] The importance of insuring that new initiatives create a system supportive of such an intensive reliance on staff skills cannot be overemphasized. This emphasis must extend to staff recruitment and selection as well as to training and support.[10]

Second, persistent and creative outreach activities will be needed if programs are to serve resistant families. Any program serving families with very young children will encounter families like Jane's, initially extremely resistent to becoming engaged in the program. In describing the STEEP program (a home visiting program, Steps Toward Effective, Enjoyable Parenting, conducted by a "family life facilitator" to promote healthy parent-infant development), Egeland and Erickson note this phenomenon very

succinctly and convincingly:

> Facilitators do not give up on a participant, even if she misses home visits and group sessions repeatedly. If a mother says that she wants to participate, we continue to show up for home visits and to offer rides to group, just as we have promised. Several women have commented that STEEP was their first experience with someone who did not give up on them. ... Some mothers who have completed the program have told us of their initial skepticism about the program--their disbelief that we really were there to address their needs, asking little or nothing in return. Some have told us how they "tested" their facilitator in various ways by missing appointments, acting rebellious, or trying to shock her with stories of outrageous things they had done. And they have told us of how the facilitator passed the test and the powerful impact that her acceptance and respect had on them. Through her behavior, the facilitator in many ways is contradicting the mother's models of others as unavailable and unaccepting and her model of self as unworthy of being cared for.[11]

While it is satisfying to work with an eager family that is responsive to suggestions and quick to engage and experiment, such families also are those most likely to find help on their own and families for whom the existence of the program is less critical. Resistent, hard-to-reach families are those families for whom the potential gains of engagement are going to be the greatest and, in the long run, those most likely to demonstrate the effectiveness of the program. If programs are to serve such families, however, workers must be given the incentives and support to stick with their efforts and programs must be given the fiscal support to continue to conduct outreach to these families.

Third, whether the program is designed to be available to all families with young children (as are Missouri's or Minnesota's) or is targeted to certain "at risk" families (those under stress and at-risk of abuse in Hawaii, those at-risk of

long-term welfare dependency in Iowa, or adolescent mothers in Illinois and Maryland), programs must be capable of providing intensive support to those who need it (a challenge to universal programs) and simultaneously avoiding negative labelling by the community of the families served (a challenge to targeted programs).

Families with multiple problems must be served in a manner that respects them and builds upon their strengths while at the same time not ignoring their multiple needs. The most successful programs have shown a remarkable capacity for individualizing services to meet family needs by building intensity into the support provided, without also building dependency upon program services or diminishing the availability and importance of less intensive and more inclusive aspects of the program.

Universal programs like Minnesota's and Missouri's have developed a strong political constituency among middle-class program participants and have found that, to avoid "labelling" as a middle-class program, they have to pay particular attention to the diverse constituency they wish to serve. Both are still working to develop more intensive services for families who need it while continuing to retain a strong basic program for all parents and children.

Fourth and finally, after extensive experience in working with families, programs have found that there is a need both for individual home visiting activities and for group activities, usually center-based. Whether programs initially are established as drop-in centers or as home visiting programs, they expand to provide both alternatives. They do so in response to the needs of their clientele and the recognition that different families need different types of support at different times.

Often, families require home visiting (even if it is represented simply as the persistent outreach effort employed by primarily center-based programs) in order to establish sufficient trust and confidence with the program to attend group activities. In addition, however, home visiting allows frontline workers to experience the family's home life, to assess that home life for problems that may not be raised in center-based activities, and to work one-on-one with the family.

Group activities, on the other hand, provide the opportunity for social connections and modelling from other parents. Developing social skills, both for parents and for young children, is very important for many "at risk" families in particular, who frequently suffer from social isolation and the absence of community role models and supports. Center-based activities and support groups offer families a way to become more integrated into their community. In designing programs, support should be provided to offer both individual home-visiting as well as group activities.

## V. Key Points in Legislating Family Support and Education Programs for Families With Young Children

It is common to hear state legislators and other public leaders reflect back on their lives and identify a caring and guiding adult (parent, teacher, minister, counselor, or friend) who made a critical difference in their lives. That person typically provided support and guidance at an important moment in their lives, creatively confronted them and challenged them to succeed, and showed faith in their ability to achieve. That person may not have solved every problem, but what that person offered gave the future public leader the ability to address new challenges as they came along.

For the family as well as for the young child, the first three years of a child's life are ones involving many challenges. Physical family stress and the demands upon parental time are at a peak at the same time the young child is developing his or her most crucial connections with the world. More important than any specific professional wisdom (about nutrition, health care, child development, or parent-child interactions) that a program can offer, the goal of family support and education programs is to make available that caring and guiding adult to the family that can make a difference in their lives.

This, of course, cannot be legislated simply by setting specific program goals and providing financial support. It requires much more of a partnering relationship between state and community and less attention to program structure than program operation and strategy. In fact, it requires a blend of top-down and bottom-up supports.[12] To this end, the following are key points to keep in mind in designing effective services for families with very young children:

o Legislation should provide financial support and guidance characterized by flexibility in providing that guidance and an emphasis upon building local community ownership,[13]

o Legislation should provide a clear conception of the role of the frontline worker, especially in how it differs from existing services, and appropriate support and training so the worker can perform that skilled job,

o Legislation should require and provide adequate support for persistent and creative outreach to families, as resistent families are those most likely to benefit from programs, once enlisted,

o Legislation should stress linkage to community resources, to provide for additional services for families and because families and children need healthy connections to resources in their own communities,

o Legislation should allow flexibility in program development and administration, which acknowledges the importance of team-building and adaptation to local needs, while providing for strong program accountability based upon achieving outcomes rather than upon performing specific tasks,[14]

o Legislation should build in the capacity to target more intensive services for the families who require such services, recognizing that the greatest bottom-line gains are going to come from those families who are probably the most difficult to serve,[15]

- Legislation should provide incentives for cross-system collaboration, making use of existing resources within the community and seeking to connect any new programs with existing institutions supporting young children,[16] and

- Legislation should seek to identify existing funding streams and sources of support that can be enlisted to support initiatives, including federal funding sources.[17]

In designing effective programs for families with very young children, state legislatures themselves will be faced with challenges due to their own organizational structures. In taking a holistic approach to meeting the first educational goal of school readiness, legislatures must review educational, health, and human service programs and funding sources that are likely to be the purview of different committees. A strong collaborative effort and shared vision will be needed within state legislatures to the same extent they will be needed within the communities where programs will be developed.

## Endnotes

1. At a 1990 Colloquium designed to explore current program efforts to providing comprehensive, family-centered services to parents and young children, "Family Support and Education" was decided to be the best overall program descriptor. Proceedings of that Colloquium later were published. Center for the Study of Social Policy. Helping Families Grow Strong: New Directions in Public Policy (Papers from the Colloquium on Public Policy and Family Support: Family Resource Coalition: Chicago, IL.: 1990).

2. Farrow, Frank, Terri Grant, and Judith Meltzer, "Challenges and Opportunities for Public Policies on Family Support and Education," in Helping Families Grow Strong, op.cit., p. 14.

3. Burrueta-Clement, John R., Lawrence J. Schweinhart, W. Steven Barnett, Ann S. Epstein, and David Weikart. Changed Lives: The Effects of the Perry Preschool Program on Youths Through Age 19 (Monographs of the High/Scope Educational Research Foundation: 8: Ypsilanti, Mich.: High/Scope Press, 1984). It should be noted that these positive outcomes did not occur in the short-term (by second grade), but rather only showed up in the long-term.

4. The National School Readiness Goal One ("By the Year 2000, all children in America will start school ready to learn") includes three objectives which include much more than pre-school experiences:

- All disadvantaged and disabled children will have access to high quality and developmentally appropriate preschool programs that help prepare children for school.
- Every parent in America will be a child's first teacher and devote time each day to helping his or her preschool child learn; parents will have access to the training and support they need.
- Children will receive the nutrition and health care needed to arrive at school with healthy minds and bodies, and the number of low-birthweight babies will be significantly reduced through enhanced prenatal health systems.

5. Even though children participating in the Perry Pre-School program did much better than the control group, one-third still dropped out of school, two-thirds of the women gave birth as teens, one-third were detained or arrested as juveniles, one-fifth found themselves on public assistance, and three-fifths did not pursue post-secondary education or training. In short, a large proportion remained at considerable risk as adults of not achieving self-sufficiency. ibid. While the pre-school

experience improved outcomes, it was not sufficient to remove all developmental risks nor even to bring the disadvantaged children up to a level of performance of their age cohort.

6. Weiss, Heather and Francine Jacobs (eds.) Evaluating Family Programs (New York: Aldine de Gruyter: 1988). This particular formulation of their list is found in Usher, Charles, "Toward a Redefinition of Child Welfare Services: Developing a Research Strategy to Guide Innovation in the Field" (paper prepared for the Center for the Study of Social Policy's Research Center Working Group, September, 1991).

7. Schorr, Lisbeth with Deborah Both, "Attributes of Effective Services for Young Children: A Brief Survey of Current Knowledge and Its Implication for Program and Policy Development," in Lisbeth Schorr, Deborah Both, and Carol Copple (eds.). Effective Services for Young Children (National Forum on the Future of Children: National Academy Press: Washington, D.C. 1991). p. 5. A number of specific exemplary programs, from which the development of this list of attributes is based, is found in: Schorr, Lisbeth with Daniel Schorr. Within Our Reach: Breaking the Cycle of Disadvantage (Anchor Press: New York: 1988).

8. The bibliography provides a number of references to works that describe a variety of state family support and education initiatives, most particularly Weiss's Pioneering States and Innovative States, the Center for the Study of Social Policy's Helping Families Grow Strong, and the National Governors' Association's Focus on the First Sixty Months.

9. For a more detailed discussion of the frontline worker, see: Bruner Charles, "Frontline Family Workers: The Role of the Family Development Specialist," (Child and Family Policy Center monograph: Des Moines, Iowa: August, 1991).

10. Interestingly, each of the programs described in the previous section has found that the most effective frontline workers are people with positive outlooks on life, personal experience nurturing young children, a strong faith in people generally, an ability to empathize, and a good sense of humor.

11. Egeland, Byron and Martha Erickson, "Rising Above the Past: Strategies for Helping New Mothers Break the Cycle of Abuse and Neglect," Zero to Three (December, 1990.

12. See: Bruner, Charles, "Is Change from Above Possible: State-Level Strategies for Supporting Street-Level Services," T.E.A.M. (March-April, 1991) Volume V, Number 4. p. 29 -- 39.

13. Rather than traditional requests for proposal, a number of new state initiatives have made use of "Strategic Planning Guides" that identify the general principles upon which programs

are based and ask local applicants to respond after a local planning process which makes use of that guide. Iowa's family development program used such a guide (prepared by the Child and Family Policy Center), as did Kentucky's recent school-reform initiatives and West Virginia's current family-centers legislation (prepared by the Family Resource Coalition). These guides are available through the Family Resource Coalition.

14. Programs can be given some flexibility in identifying these outcomes as well, but the emphasis must be upon making a difference in the lives of young children. Appropriate outcomes for such efforts may include such varied results the following: reduced incidence of abuse and neglect, increased immunization rates, increased use of preventive health care, more developmental screenings and appropriate follow-ups, greater enrollments in Head Start and other quality pre-school programs, fewer "failure to thrive" infants, reduced use of emergency room care, more books and educational materials in the home, more parent-child interaction time, reduced use of corporal punishment, etc. All these are likely to have long-term positive effects on child development and readiness for school.

15. This is particularly important for programs that are directed toward all families with young children, as opposed to programs targeted to families of young children with certain risk characteristics.

16. One mechanism for developing such cross-system collaboration is to require a cross-system planning group in order to receive funding. Such groups, however, are no guarantee that much actual collaboration will occur in practice, however. For a list of questions to ask in developing cross-agency planning groups, see: Bruner, Charles, Thinking Collaboratively: Ten Questions and Answers to Help Policy Makers Improve Children's Services (Washington, D.C.: Education and Human Services Consortium, 1991). p. 16.

17. See Appendix for a discussion of potential federal funding sources.

## Appendix:

## Federal Funding Streams Potentially Available to Help Finance Services for Families with Young Children

(adapted from the Child and Family Policy Center August, 1991 monograph on federal funding for frontline family workers)

Over the past several years, federal categorical and federal block grant programs have begun to make their funding available to states and communities in more flexible and creative ways, provided that this results in more comprehensive, collaborative, and effective services for families and their very young children.

As examples of the new federal interest in supporting more flexible and comprehensive services, a number of initiatives now require cross-agency planning at the state level as a condition for federal funding support. P.L. 99-457 Part H (the infant and toddlers act) requires interdisciplinary planning in identifying and developing services for infants and toddlers at-risk of developmental delay. So does maternal and child health block grant funding (especially for children with special health care needs) through public health, and the Child and Adolescent Service System Program (CASSP) through mental health.

On the service financing side, federal regulations governing expenditures by states under major federal programs have been modified and made more flexible. Under COBRA and OBRA-89, Medicaid has been de-linked from AFDC eligibility and has provided states with the opportunity to finance case management services for a variety of populations and a much enhanced array of nonmedical services under EPSDT for children. In education, states have been provided increased flexibility in using Chapter I funds both for pre-school programming and for educational support services on a school as opposed to an individual student basis. Some states have made substantial use of child welfare funds under IV-E and IV-B to finance more prevention-oriented, family-centered services.

One of the major challenges confronting states and communities in any effort to create a more community-based, family-centered, flexible and individualized service system for families with young children is to successfully access these federal funding opportunities without fragmenting, distorting, or compromising the goals of the initiative. Accessing these funds

can be critical for two reasons:

- o These "found funds" are significant opportunities for enhancing the amount of federal funding coming into the state and thereby increasing the capacity of the state to provide new and needed services, and

- o If the promising initiatives are to be successful in the long run, they must be connected to existing mainstream support systems and should not constitute another overlay on a system already disjointed and difficult-to-access by the families and young children who are the targets of service.

To be successful in the effort to access federal funds, states may need help exploring their options for refinancing services and making new opportunities available to communities. Communities are likely to need help in making use of these opportunities and producing an overall financing system at the local level which preserves the quality and integrity of the programs being financed.

For both state-level and community-level planning, the first step is understanding potential sources of federal support and the state agencies through which they must be accessed. Knowledge of specific federal programs and the opportunities available through them is likely to be known only through the specific state or community department or agency that corresponds to the federal agency that provides the funding. For planning comprehensive services, knowledge about these many federal programs will have to be shared across individual agencies and departments.

Among the best introductions to state refinancing options to improve children and family services is found in the report, Levering Dollars, Leveraging Change.[1] The publications, A Proper Inheritance and America's Shame, America's Hope, both contain appendices with some state-by-state financial information for some of these federal programs and also are useful references.[2]

Below are very brief sketches of some, but by no means all,

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[1] Center for the Study of Social Policy. Levering Collars, Leveraging Change: Refinancing and Restructuring Children's Services in Five Site (September, 1991).

[2] Levitan, Sar, Garth Mangum, and Marion W. Pines. A Proper Inheritance: Investing in the Self-Sufficiency of Poor Families (Center for Social Policy Studies: George Washington University: Washington, D.C.: 1989) and Smith, R.C. and Carol A. Lincoln. America's Shame, America's Hope: Twelve Million Youth At Risk (Charles Stewart Mott Foundation: MDC Inc.: 1988).

of the major federal funding sources that can be used to support initiatives for families with very young children. They are grouped under two categories, funding entitlement options (federal funds match state funds for all those categorically eligible for service) and significant federal funds made available to states and communities:

**Funding Entitlement Options**

Title XIX Enhanced Services (COBRA). In 1986, Congress provided states with substantial new service coverage options under Title XIX, as well as expanding coverage up to 185 % of poverty for pregnant women and children. Included in the expanded coverage options are case management services for pregnant women, with such additional services as home visits, nutritional counseling, and psycho-social assessment eligible for funding.

Title XIX Case Management. In addition to enhanced services for pregnant women, Title XIX also authorized case management services as fundable under Title XIX. Further, states are provided the flexibility to target such case management services both by client characteristic and by geographic area.

Title XIX EPSDT Services (OBRA-89). In 1989, Congress required states to develop additional strategies to improve the use of early periodic screening, diagnosis, and treatment (EPSDT) services for Title XIX-eligible children and required states to cover services recommended to treat conditions that were discovered by a screening. Unlike many Title XIX services, EPSDT services can be defined very broadly, and do not have to adhere to a medical model of care.

Title XIX, Special Education Financing. Some states have successfully "refinanced" some of their special education services through identifying Medicaid-eligible children receiving Medicaid-qualifying special education services and billing Medicaid. This has freed special education funds to support other services to children.

Title IV-E. Under federal child welfare funding, a variety of "administrative" expenses have been allowed as eligible for matching federal funds. The "administrative" expenses have included case assessments and pre-placement services, and some states have been very aggressive in financing family-centered services under Title IV-E.

AFDC Special Needs and Emergency Assistance Options. Under the AFDC program, states have the option to finance, with federal financial support, additional "special needs" for AFDC families,

including emergency assistance for housing. Some states have defined special needs to include such services as "family preservation services" and other social support concerns.

## Significant Federal Funding Appropriations

P.L. 99-457 Part H. Under Public Law 99-457, federal funding has been available to states to plan, through interagency involvement, to serve children 0-3 who are at-risk of developmental delay and to make such children eligible for entitlement special education services. Potential authorization is broad; states can opt to include children "at environmental risk" within their definition of children eligible for service.

Maternal and Child Health Block Grant (especially the division for children with special health care needs). Under the re-authorization of the maternal and child health block grant, states are directed to seek comprehensive, collaborative, community-based solutions to serving children with special health care needs. MCH funds used to serve such children must show this comprehensive focus. Additional federal requirements are to better link MCH services with WIC and other support programs.

Community and Migrant Health Centers. Community and migrant health centers receive substantial federal core funding to serve low-income and migrant populations, as well as special grants which may include the development of comprehensive services. They also receive Medicaid funding and are a significant resource for health services for the communities in which they are placed.

The Child and Adolescent Service System Program (CASSP). CASSP, a part of the National Institute of Mental Health, has provided support to states to develop state and local plans for addressing the mental health needs of seriously emotionally disturbed youth. Among the principles underlying CASSP is multi-system coordination to meet the range of needs of these children and families.

ADAMHA Drug Abuse Treatment and Prevention Funds. Substantial additional federal funding has become available to states to address problems related to drugs, including school-based programs as well as targeted prevention and treatment programs to at-risk populations. States are directed to develop comprehensive plans in the use of these funds.

JOBS. By definition, the federal JOBS program under the Family Support Act services families with young children. While the primary focus is upon training and employment, JOBS programs can contain case management services which can be directed to meet other family needs, particularly child care.

Title IV-B. Title IV-B of the Adoption Assistance and Child Welfare Act provides states with funds that can be used to provide family preservation and reunification services, adoption assistance, and other services to families in the child welfare system. Congress currently is considering a substantial expansion to IV-B funding and making it a "capped entitlement" to the states.

Head Start. Congress substantially expanded Head Start funding for FY 1991-2, including a substantial increase in the funding available to serve families with younger children (birth through 3). Head Start authorization emphasizes parental involvement and community outreach.

Food Stamp Outreach. Under the food stamp program, paraprofessional food stamp outreach workers are funded to provide support to families receiving food stamps. While the focus is upon nutritional advice, workers may provide a much broader range of services under this program.

Women, Infant, and Children (WIC) Supplemental Food Program. In addition to providing food coupons, WIC is provided to offer nutritional counseling to families receiving the coupons. The training and outreach WIC offers can lead to a much broader array of support activities for the families served.

Community Service Block Grant. In particular, community action agencies are funded through CSBG funds, and may provide multiple services to low-income families. Some community action agencies have restructured themselves to provide family development staffing of families.

Social Services Block Grant (Title XX). The social services block grant provides broad discretion to states in funding social services programs, although federal funding has remained stable and the historic demands upon the funds may create little opportunity for flexibility in their use.

Chapter One Funds. Chapter One funds represent one of the largest commitments of federal funding to disadvantaged children, in the form of grants to schools with high numbers of educationally deprived students performing below grade level. Recent amendments to Chapter One allow much greater flexibility in the use of these funds, including their use in pre-school programming and their use on a school or classroom, as opposed to individual student, basis.

Community Development Block Grant. CDBG funds are targeted to depressed counties and cities to support and stimulate economic development and may be used for housing rehabilitation and direct human and community services.

Stewart McKinney Homeless Funds. Federal funding available under the Stewart McKinney Act is targeted to serving homeless families, and allows for a variety of supports to those families.

JTPA Title IIA, Title IIB, Title III Funds, Carl Perkins Vocational Education Funds, Wagner Peyser Funds, and Vocational Rehabilitation Funds. While all these represent funding sources for adults, they have substantial potential impact upon families and the children in those families. Re-authorizations of these and other federal programs frequently include directions to states to coordinate and collaborate cross-agency with other federal and state programs serving the same population.

## Additional Sources of Information

The following organizations are leaders in providing materials and technical assistance to states, communities, and programs serving families with very young children:

**FAMILY RESOURCE COALITION**

Judy Langford Carter, Executive Director
200 S. Michigan Avenue, Suite 1520
Chicago, IL 60604
(312) 341-0900

The Family Resource Coalition is a national organization whose immediate goal is to improve the content and expand the number of programs available to parents that strengthen families and support child well-being and development. The Coalition serves programs, parents, researchers, and policy makers by providing information and technical assistance related to prevention program models, strategies, and research. The Coalition was recently awarded a major federal grant to serve as the National Resource Center on Family Support Programs.

**NATIONAL ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN**

Susan Bredekamp, Director
1834 Connecticut Avenue, N.W.
Washington, D.C. 20009-5786
(202) 232-8777

The National Association for the Education of Young Children is a membership supported organization of people committed to fostering the growth and development of children from birth through eight. NAEYC provides educational services and resources to adults who work with and for children, including public policy information for informed advocacy efforts at all levels of government and publications related to developmentally appropriate practices for early childhood programs.

**THE BUSH CENTER IN CHILD DEVELOPMENT AND SOCIAL POLICY**

Ed Zigler, Director
Sharon Kagan, Associate Director
Yale University
310 Prospect St.
New Haven, CT 06511
(203 432-9931

The Yale-Bush Center in Child Development and Social Policy National Center for Clinical Infant Programs conducts research, offers technical assistance, and provides graduate training on reform efforts and initiatives to better integrate knowledge about effective child development practice into public policy.

**THE HARVARD FAMILY RESEARCH PROJECT**

Heather Weiss, Director
Harvard University School of Education
Longfellow Hall, Appian Way
Cambridge, MA 02138
(617) 495-9108

The Harvard Family Research Project has conducted extensive research on the history and dynamics of parent education and support programs, work and family issues, family policy, and the development of program evaluation techniques and tools. As part of its work, the Project has conducted a variety of site visits and program case study evaluations as well as publishing information on state and community family support and education initiatives.

**NATIONAL CENTER FOR CLINICAL INFANT PROGRAMS**

Eleanor Stokes Szanton, Executive Director
2000 14th Street North, Suite 380
Arlington, VA 22201-2500
(703-528-4300)

The National Center for Clinical Infant Programs focuses upon the health and well-being of infants and toddlers and conducts research, provides technical assistance, and prepares publications around key issues. Its newsletter, Zero to Three, is published five times a year and includes research articles and book reviews.

**SELECTED BIBLIOGRAPHY**

The following publications provide information both on policy-level issues related to developing programs for families with young child and practice-level issues related to creating effective services. Following the citation is a brief annotation:

Bredekamp, Sue (ed.) Developmentally Appropriate Practice in Early Childhood Programs Serving Children from Birth Through Age 8: Expanded Edition (National Association for the Education

of Young Children: Washington, D.C.: 1987). This publication provides the NAEYC position statement on developmentally appropriate practice in early childhood programs as well more specific practice guidelines for children from birth through age three. NAEYC statements are considered to represent the best practice-oriented positions on effective practices to aid in young children's development.

Bruner, Charles. Thinking Collaboratively: Ten Questions and Answers to Help Policy Makers Improve Children's Services (Education and Human Services Consortium: Washington, D.C.: 1991). This guide is premised on the belief that "children bring more than educational needs into the classroom" and that strategies to serve children must involve health, education, and human services agencies. The guide provides a set of questions to be addressed in developing cross-agency planning groups, in implementing local demonstration projects, and in seeking to expand successful demonstration initiatives statewide.

Bruner, Charles. Improving Maternal and Child Health: A Legislator's Guide (Child and Family Policy Center: Des Moines, IA: 1990). This guide outlines a number of state programs to improve maternal and child health, including federal program options available to provide more comprehensive services to support child well-being, broadly defined.

Bruner, Charles. Frontline Family Workers: The Role of the Family Development Specialist (Child and Family Policy Center monograph: Des Moines, IA: August, 1991). This monograph outlines the work of frontline family workers in exemplary family support and education programs and the institutional supports that are necessary to make their work effective. The monograph draws a clear distinction between what is expected of these frontline family workers and what typically goes under the name of "case management."

Center for the Study of Social Policy. Helping Families Grow Strong: New Directions in Public Policy (Papers from the Colloquium on Public Policy and Family Support: Family Resource Coalition: Chicago, IL.: April, 1990). This collection of commissioned papers represents a sourcebook on family support and education programs and their integration into public policy. It includes descriptions of a number of state initiatives. Authors of the papers include Frank Farrow, Terri Grant, Judy Meltzer, Charles Bruner, Heather Weiss, Robert Halpern, and Gail Christopher and include discussions of moving from grass roots to state policy, legislating family support and education, and evaluating state family support and education initiatives.

Center for the Study of Social Policy. Leveraging Dollars, Leveraging Change: Refinancing and Restructuring Children's Services in Five Sites (Center for the Study of Social Policy:

Washington, D.C.: September, 1991). This monograph provides offers a general discussion of the rationale for refinancing services through federal entitlement programs to expand overall funding for children's services and describes specific areas in which such strategies may be most productive, drawing from the experiences of five states in refinancing their services. It provides a good short overview of this strategy.

Chynoweth, Judith K. and Barbara Dyer. Strengthening Families (Council of Governors' Policy Advisors: Washington, D.C. 1991). This volume, designed for use with state teams in the Policy Academy for Families project, provides a means for assessing the well-being of families and structuring and coordinating services to meet those needs that are community-based and responsive to family needs. A total of fifteen state teams, composed of education, human service, legislative branch, and community leaders have participated in or are participating in the Policy Academy for Families, which is designed to redirect state policies in those states to be more family-focused.

Committee for Economic Development. The Unfinished Agenda: A New Vision for Child Development and Education (Statement of the Research and Policy Committee of the Committee for Economic Development: New York, NY: 1990). This statement, by a committee of corporate and education leaders, emphasizes the need for developing a comprehensive and coordinated system of child development and education that supports families of very young children. Cited in the report as exemplary initiatives are Albuquerque's New Futures School, Missouri's Parents as Teachers program, the Keenan Trust Family Literacy Project, the Chicago Beethoven Project, and Cities in Schools projects.

Kagan, Sharon L., Ann Rivera, and Faith Lamb Parker. Collaborations in Action: Reshaping Services for Young Children and Their Families (The Bush Center in Child Development and Social Policy: Yale University: 1990). This work represents a critical review of a number of partnerships and collaborations between education, health, and human services designed to provide more effective services for young children and their families. It identifies elements that appear more conducive to the success of such initiatives.

Kagan, Sharon L. Policy Perspectives: Excellence in Early Childhood Education: Defining Characteristics and Next-Decade Strategies (U.S. Department of Education: Office of Education Research and Improvement: U.S. Government Printing Office: Washington, D.C.: July 1990). This work describes how American early childhood education is at the brink of a major shift in how it conceptualizes and defines its mission-- toward a redefinition that links care with education-- and discusses the implications of this shift for public policy.

Levine, Carole, (ed.). Programs to Strengthen Families: A Resource Guide, Revised Edition (Family Resource Coalition: Chicago, IL: 1988). This guide includes descriptions of a wide variety of community-based family support and education programs, grouped under the following headings: parent resource and education programs, neighborhood/community-based family support programs, prenatal/infant/and toddler programs; home-based programs, school-based programs, parent resources linked to child care and early childhood programs, workplace programs, child abuse and neglect prevention programs, programs for families with special needs, and advocacy or support programs for specific parent populations.

Littell, Julia H. Building Strong Foundations: Evaluation Strategies for Family Resource Programs (Family Resource Coalition: Chicago: IL: 1986). The manual is designed for programs seeking to use evaluation techniques to improve the operation of their programs.

National Association of State Boards of Education. Caring Communities: Supporting Young Children and Families (report of the National Task Force on School Readiness: Washington, D.C.: forthcoming, 1991). The National School Readiness Task Force, chaired by Governor Bill Clinton, was convened to critically examine the first national education goal, "By the year 2000, all children in American will start school ready to learn." The resulting report describes the need to provide comprehensive, community-based services to families of young children and to begin support during the prenatal period.

National Education Goals Panel. The National Education Goals Report: Building a Nation of Learners (National Education Goals Panel: Washington, D.C.: 1991). This report provides a series of indicators to measure progress in meeting all six national education goals as well as state-by-state information related to the education goals.

National Governors' Association. Focus on the First Sixty Months: A Handbook of Promising Prevention Programs for Children Zero to Five Years of Age (A joint product of the National Governors' Association Committee on Human Resources and Center for Policy Research: Washington, D.C.: 1987). This handbook describes nineteen different state initiatives constituting "promising prevention programs" for children age birth through five. Included within the programs are health-related, education-related, and child welfare-related initiatives.

Pooley, Lynn and Julia H. Littell. Family Resource Program Builder: Blueprints for Designing and Operating Programs for Parents (Family Resource Coalition: Chicago: IL: 1986). This manual describes family support and education program and program principles, and offers advice to practitioners on establishing

programs in their communities.

Romig, Candace (ed.) Family Policy: Recommendations for State Action (Children, Families, and Social Services Committee: National Conference of State Legislatures: Denver, CO: December, 1989). Under a number of headings, this volume describes current federal and state policy, identifies selected state initiatives, and makes recommendations for state legislative action. Among the chapters of particular pertinence to young children as "Parent Education for Parents with Children from Birth to Three," "Families Who Provide Care at Home to Children with Disabilities," and "State Innovations in Children's and Family Services Collaboration and Financing."

Schorr, Lisbeth, Deborah Both, and Carol Copple (eds.) Effective Services for Young Children: Report of a Workshop (National Academy Press: Washington, D.C.: 1991). This volume presents a series of commissioned papers from a workshop devoted to identifying the attributes of effective services for young children in at-risk families and the public policies, including state financing strategies, needed to support such services. Schorr's introductory paper describes the attributes of effective services for young children and is an extension of her widely-praised book, Within Our Reach: Breaking the Cycle of Disadvantage (Anchor Press: New York, N.Y.: 1988) which includes case studies of a number of exemplary programs for children.

Smith, Sheila, Susan Blank, and James T. Bond. One Program, Two Generations: A Report of the Forum on Children and the Family Support Act (Foundation for Child Development and National Center for Children in Poverty: New York, NY: 1990). This volume forcefully articulates the need to focus attention on child development as a part of any welfare-to-work reform initiatives.

Unger, Donald, and Douglas Powell (eds.) Families as Nurturing Systems: Support Across the Life Span (The Hawthorth Press: New York, NY: 1991). This volume provides both a practice-based and a policy-based analysis of family support and education programs and their connection to changing family dynamics.

Weiss, Heather. Pioneering States: Innovative Family Support and Education Programs (Harvard Family Research Project: Cambridge, MA: 1988). This guide describes five state initiatives, including their legislative histories, scope of activities, and reflections from key program developers. The five initiatives are Connecticut's Parent Education Support Centers, Kentucky's Parent and Child Education (PACE) program, Maryland's Family Support Centers, Minnesota's Early Childhood Family Education program, and Missouri's Parents as Teachers program.

Weiss, Heather. Innovative States: Emerging Family Support and Education Programs (Harvard Family Research Project: Cambridge, MA: 1989). This guide is a companion volume to Pioneering States and describes five additional state initiatives, including Iowa's family development grant program.

Weiss, Heather and Robert Halpern. Community-Based Family Support and Education Programs: Something Old or Something New? (National Center for Children in Poverty: Columbia University: New York, NY: 1991). This work provides a history of family support and education programs from the nineteenth century on, describes the foundations of current practice, and explores policy, program, and research issues for the future.

Weiss, Heather B. and Francine Jacobs (eds.) Evaluating Family Programs (Aldine De Gruyter: New York, NY: 1988). In addition to providing case study evaluations of a number of family support and education programs, this volume discusses the state of knowledge about family support and education program effectiveness, and the methodological issues around measuring child and family outcomes and determining program effectiveness. It is considered the best reference work on evaluation of family programs.

## Program Contacts

For more information about any of the programs highlighted in this report, the following persons may be contacted:

**HAWAII HEALTHY START PROGRAM**
Gail Breakey, Director
Hawaii Family Stress Center
Kapiolani Medical Center for Women and Children
2919 Kapiolani Blvd.
Honolulu, HA 96826
(ph.) 808-732-000 -- (fax) 808-732-5718

**IOWA FAMILY DEVELOPMENT GRANT PROGRAM**
Bette Crumrine, Program Manager
Department of Human Rights
Lucas State Office Building
Des Moines, IA 50309
(ph.) 515-282-5895 -- (fax) 515-242-6119

**MARYLAND FAMILY SUPPORT CENTERS**
Margaret Williams, Director
Friends of the Family, Inc.
1001 Eastern Avenue, 2nd Floor
Baltimore, MD 21218
(ph.) 301-659-7701 -- (fax) 410-783-0814

**MINNESOTA EARLY CHILDHOOD FAMILY EDUCATION PROGRAM**
Lois Engstrom, Supervisor
Minnesota Department of Education
Capitol Square
550 Cedar St.
St. Paul, MN 55101
(ph.) 612-297-2441 -- (fax) 612-297-5695

**MISSOURI PARENTS AS TEACHERS PROGRAM**
Mildred Winter
Parents as Teachers National Center
University of Missouri, St. Louis
Marillac Hall, Room 307
8001 Natural Bridge Rd.
St. Louis, MO 63121-4799
(ph.) 314-553-5738 -- (fax) 314-553-5227

**ILLINOIS OUNCE OF PREVENTION FUND**
Harriet Meyer
Illinois Ounce of Prevention
188 W. Randolph, 22nd Floor
Chicago, IL 60601
(ph.) 312-853-6080

## About the Authors

Charles Bruner serves as Executive Director of the Child and Family Policy Center, dedicated to better linking research and policy on issues vital to children and families. He has consulted in over a dozen states on issues related to child health and child welfare and, prior to establishing the Center, served twelve years in the Iowa General Assembly as both a representative and a senator. Among his publications are Improving Maternal and Child Health: A Legislator's Guide and Thinking Collaboratively: Ten Questions and Answers to Help Policy Makers Improve Children's Services.

Judy Langford Carter is Executive Director of the Family Resource Coalition, a national organization of more than 2000 family resource programs and practitioners. The Coalition recently has been named as the National Resource Center on Family Support Programs through a federal grant and will serve as a clearinghouse on "best practice" models for providing family and parenting support. Judy Carter also has had extensive experience administering programs, including three years as Executive Director of Illinois' Ounce of Prevention Fund, a public/private partnership supporting innovative community programs for families with young children.